



CAMILLUS SENIOR CENTER  
**OFF WE GO TO OSWEGO**  
 Wednesday, May 20, 2026  
 9:00 a.m. – 4:30 p.m.

COST: \$80.00 Town of Camillus residents / \$85.00 for non-residents \*\*NOTE: Price does NOT include driver gratuity. An envelope will be circulated on the bus to collect tip (\$2-\$5 per person) Make checks payable to Camillus Senior Center. Postdated checks will not be accepted Town of Camillus residents may register beginning March 2<sup>nd</sup>, Non-residents may register beginning March 23<sup>rd</sup>.

We begin the day exploring the H. Lee Maritime Museum, home to over 400 years of Oswego County's maritime heritage including Native American artifacts, shipbuilding tools, maritime artwork, and boat models. Lunch at Bridie Manor – choice of Cheeseburger & Fries, Grilled Chicken Sandwich & Fries, Haddock Sandwich & Fries, or Chicken Caesar Salad. After lunch we'll visit the Safe Haven Holocaust and Refugee Shelter Museum. The Safe Haven was the only WWII refugee shelter in the U.S. housing 982 refugees at Fort Ontario. Ice cream stop at the Famous Bev's Dairy Treats on the lake (on your own). There is walking involved in this trip and stairs to climb on the bus and in the museum. (a chair lift is available at the museum) Seniors with limitations MUST sign up with a companion who is willing and able to assist. (age 55+ only)

NEW PICK UP LOCATION: Motorcoach departs from the parking lot of **FIRST BAPTIST CHURCH OF MEMPHIS** located at **1960 W. GENESEE TURNPIKE** at 9:00 a.m. and returns at approx. 4:30 p.m. Space is limited. Questions? Call Senior Coordinator at (315) 672-5820

PLEASE RETURN THE BOTTOM PORTION OF THIS FLYER ALONG WITH

CHECK MADE PAYABLE TO **CAMILLUS SENIOR CENTER** 27 First Street, Camillus, NY 13031  
 SEE REVERSE SIDE FOR CAMILLUS SENIOR CENTER TRIP POLICIES

\*\*\*\*\*CUT HERE\*\*\*

OFF WE GO TO OSWEGO REGISTRATION FORM 80/85



Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Town of Camillus Resident? Y \_\_\_\_\_ N \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ DOB \_\_\_\_\_

MEAL CHOICE:

- ( ) Cheeseburger ( ) Grilled Chicken Sandwich ( ) Haddock Sandwich ( ) Chicken Caesar Salad

I have read the policies – Check Here

**RELEASE:** I hereby release the Town of Camillus and any of its staff from any responsibility or liability in connection with this activity. I give permission to a licensed physician or other hospital staff members to carry out emergency medical care deemed necessary to me when normal permission is unavailable. I certify that I am in good physical health and have no limitations other than those I have listed below which may predispose me to risk during this program. I also fully realize that I must provide proper hospitalization.

Special health concerns:

\_\_\_\_\_

**Signature**

**Date**